MARYLAND STATE DEPARTMENT OF HEALTH

02697

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Calvert

City or town: Cal. Co Hosp Prince Fred (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred: Cal-Co Hosp

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Parran County: Calvert

City or town: Rural (If outside city or town limits, write RURAL and give nearest town)

Street No.: (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME Mary Viola Brown

3. (b) Social Security Number

4. Sex: Female

5. Color or race: B.

6.(a) Single, married, widowed, or divorced: single

6.(b) Name of husband or wife:

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): May 29, 1937

8. AGE: Years 7 Months 9 Days 23 If less than one day ... hrs. ... min.

9. Birthplace: Calvert County (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER 12. Name: George Louis Brown

13. Birthplace: Calvert Co Md.

MOTHER 14. Maiden name: Mary Elen Digley

15. Birthplace: Calvert Co Md

16. Informant: George L. Brown

Address: Huntingtown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3 - 24 - 45 (month) (day) (year)

Cemetery or crematory: Patuxent

Location: Huntingtown

18. Funeral director: P. E. Sewell

Address: Prince Frederick

19. 3-22- 1945 (Date rec'd by registrar) I. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 22 1945, at 8 50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 1945, to ... 19...

and that I last saw her alive on ... 19...

	DURATION
Immediate cause of death: Diabetic Coma c acidosis	
Due to: Otitis Media & Acute Mastoiditis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: George [illegible] M. D. or other

Address: Prince Frederick Date signed 3/23/45

RECEIVED
APR 6 1945
BUREAU V.S.

Evidence for addition of residence of deceased is shown on 2411 N. Charles St., Baltimore (53-a)

02698

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 9 4 MAY 11 1945

Reg. Dist. No. 57

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Prince Frederick (If outside city or town limits, write RURAL and give nearest town)
Street No.: -- (If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Elzia Chase

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	W.

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1879

8. AGE: Years	Months	Days	If less than one day
66			hrs. min.

9. Birthplace: Cal. County Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: John S Chase
13. Birthplace: Cal-Co Md.

MOTHER
14. Maiden name: Elizabeth Coats
15. Birthplace: Cal Co Md

16. Informant: Viola Chase
Address: Prince Frederick

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3 - 23 45 (month) (day) (year)
Cemetery or crematory: Young
Location: Huntingtown
18. Funeral director: P.E. Sewell
Address: Prince Frederick

19. 3-22 1945 (Date rec'd by registrar) I.N. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 22 19 45, at 1:39 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-19 19 45, to 3-21 19 45 and that I last saw h[illegible] alive on 3-3-45 19

Immediate cause of death	DURATION
Cerebral accident,	
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [illegible] M.D.
Deputy Medical Examiner for Cal County; M. D. of other
Address: Prince Frederick, Md. Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1945
BUREAU U.S.

Evidence for change of year of birth is shown on FILM No. G 9 4 MAY 11 1945

02699

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Calvert.
City or town: Chesapeake, md (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: md County: Calvert.
City or town (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Mary Hawkins Curtis.

3. (b) Social Security Number

4. Sex: F
5. Color or race: C.
6.(a) Single, married, widowed, or divorced: m.
6.(b) Name of husband or wife: Wesley Curtis.
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): Sept 14 - 1879, 1878
8. AGE: Years 66 Months Days If less than one day ... hrs. ... min.
9. Birthplace: md (Town, county, and state)
10. Usual occupation: Domestic.
11. Industry or business
FATHER 12. Name: Ralf Norford.
13. Birthplace: md
MOTHER 14. Maiden name: Cordelia Earls.
15. Birthplace: md.
16. Informant: McKenley Hawkins.
Address: Chesapeake, md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3-17, 45 (month) (day) (year)
Cemetery or crematory: St. Edsmond.
Location: Calvert, md
18. Funeral director: P.E. Sewell.
Address: Prince Fred, md.
19. 3-18 19 45 (Date rec'd by registrar) L. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14, 1945, at 11 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1944, to 3/14 1945
and that I last saw h... alive on ... 19...
Immediate cause of death: acute Cardiac Failure
Due to: Hypertension
Due to:
Other conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)
DURATION
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?
23. SIGNATURE [illegible] M. D. or other
Address: Prince Frederick Date signed 3/17/45

RECEIVED
APR 6 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

02700 1944 28 16

CERTIFICATE OF DEATH

Reg. Diat. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Calvert
City or town Island Creek
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Calvert
City or town Island Creek
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Katherine Sims

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	S

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15 1916

8. AGE: Years 28 | Months 3 | Days 10 | If less than one day ... hrs. ... min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Eugene Sims
13. Birthplace Baltimore Md

MOTHER 14. Maiden name Rosie Johnson
15. Birthplace Md

16. Informant Rosie Johnson
Address Island Creek

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-26, 45 (mooth) (day) (year)
Cemetery or crematory Island Creek
Location Calvert
18. Funeral director P. E. Sewell
Address Prince Frederick Md

19. 3-26 1945 (Date rec'd by registrar) L. N. Kelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 25 1945, at 8:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ...
and that I last saw h... alive on ... 19 ...

Immediate cause of death	DURATION
Cerebral hemorrhage due to head injuries	1 hr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Unknown Date of 3/24/45
Where did injury occur? Prince Frederick Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Public Place
Means of injury Head injury Injured at work? No

23. SIGNATURE Hugh W. Ward M. D. or other
Address Owings Md Date signed 3/25/45

RECEIVED
APR 6 1945
BUREAU V.S.

Evidence for addition of residence of deceased is shown on Film No. G94 - May 15, 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

02701

Reg. Dist. No. 52

1. PLACE OF DEATH:
County: Calvert Co
City or town: Chaney
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Chaney
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: George ERNEST JENKINS

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	

6.(b) Name of husband or wife: Julia

B.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): ~~Aug~~ 8 1944

8. AGE: Years | Months: 8 | Days: 9 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Chaney (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: GILBERT JENKINS
13. Birthplace: Cal Co

MOTHER — 14. Maiden name: Emma Johnson
15. Birthplace: Friendship Md.

18. Informant
Address

17. Friendship (Burial, cremation, or removal. Which?) Date thereof 3/19/45 (month) (day), (year)
Cemetery or crematory: Carters Chapel
Location: Friendship
18. Funeral director: J. A. Hardesty
Address: Lakeville Md.

19. March 18 1945 (Date rec'd by registrar) Jos. H. Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3/17/45 to ..... at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/16 1945 to 3/17 1945 and that I last saw h.. alive on 3/17 1945

Immediate cause of death: Cerebral hemorrhage hour
fall

	DURATION
Due to:	27 hrs
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 3/16/45
Where did injury occur? Chaney (City or town) Calvert (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury: Fall Injured at work?

23. SIGNATURE: Hugh W Ward M. D. or other
Address: Owings Md Date signed 3/17/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR-5 1945
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

02702

Reg. Dist. No. 57

1. PLACE OF DEATH:
County: Calvert Co.
City or town: Hospital
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: md County: Calvert
City or town: Huntingtown md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Levi Jones, Levi

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	C.	M.

6.(b) Name of husband or wife: Martha Jones
6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): ~~May 5, 1882~~ 3-5-1882.

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
62.6d				

9. Birthplace: md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: George Jones.
13. Birthplace: md.
MOTHER 14. Maiden name: Mariah Gordie
15. Birthplace: md.
16. Informant: Roland Jones.
Address: Huntingtown, md,
17. Burial. Date thereof: Mar - 6, 1945 (Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Patuxent Church.
Location: Calvert,
18. Funeral director: P. C. Sewell.
Address: Pr. Frederick, md,
19. 3-6 19 45 L. D. Craig Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-4, 19 45, at 3 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury: ..... Injured at work?

23. SIGNATURE: Page Dent M. D. or other
Address: Prince Frederick Date signed: 3-6-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1948
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93)

02703

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: ~~Culpeper~~ Co
City or town: ~~Woodbridge~~ Va Stanley
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Va County: Culpeper
City or town: Stanley Mellow Va
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: George P. Sedwick

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	W

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 1872

8. AGE:

Years	Months	Days	If less than one day
73	2		hrs. min.

9. Birthplace: Md (Town, county, and state)
10. Usual occupation: Salesman retired
11. Industry or business

FATHER
12. Name: Benj J. Sedwick
13. Birthplace: Va

MOTHER
14. Maiden name: Eliza Peterson
15. Birthplace: Md

16. Informant: Nancy V. Sedwick
Address: Mineral Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 9 1945 (month) (day) (year)
Cemetery or crematory: Christ Church
Location: Port Republic
18. Funeral director: A. D. Harkness & Son,
Address: Mineral, Va.
19. 3-9 19 45 S. N. King Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3/7 19 45, at 8 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~Dec~~ 19 to 19
and that I last saw h~~im~~er alive on 19
Immediate cause of death: Chronic myocarditis — DURATION: 3 yrs
Contributory: Arteriosclerosis — 10 mo
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Hugh W Ward M. D. or other
Address: Orange Va Date signed 3/7/45

M

VS A 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

RECEIVED
APR 6 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

02704

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert Co.
City or town: Lower Marlboro md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: md County: Calvert
City or town: Lower Marlboro md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Frances E. Smith

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	W

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): ?

8. AGE: Years: 63 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: md (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business

FATHER
12. Name: Isaac Coats
13. Birthplace: md

MOTHER
14. Maiden name: Amanda Johnson
15. Birthplace: md

16. Informant: Gladys Jones
Address: Lower Marlboro md

17. St Johns (Burial) Date thereof: 3-22-45
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: St Johns
Location: Calvert — md

18. Funeral director: P.E. Dewell
Address: Pr. Frederick — md

19. 3-19 19 45 L.N. King
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-19, 1945, at 10.30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 2-1, 1945, to 3-19, 1945
and that I last saw h[illegible] alive on 3-19, 1945

Immediate cause of death	DURATION
Cerebral Accident	
Due to: Hypertension	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: [signature]
M. D. or other
Address ..... Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
APR 6 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94B)

CERTIFICATE OF DEATH

02705

Reg. Dist. No. 52

1. PLACE OF DEATH:
County Calvert
City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Calvert
City or town Owings Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Helen Taylor

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Wd

6.(b) Name of husband or wife John Taylor
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 4 1909

8. AGE: Years 36 | Months 2 | Days 14 | If less than one day ..... hrs. ..... min.

9. Birthplace Md
(Town, county and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Charles Graves
13. Birthplace Md

MOTHER 14. Maiden name Virginia Parker
15. Birthplace Md

16. Informant John Taylor
Address Owings Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 20 1945 (month) (day) (year)
Cemetery or crematory Friendship
Location Friendship A. A. Co. Md

18. Funeral director T. A. Hardesty
Address Galesville Md.

19. March 19 1945 (Date rec'd by registrar) Wm. H. Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1945, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 4 1945 to March 18 1945
and that I last saw him alive on March 17 1945

	DURATION
Immediate cause of death Coronary embolism	
Following pneumonia	9 days
due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to exteroal causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. M. Ward M. D. or other
Address Owings Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1945
BUREAU V.S

Evidence for change of year of birth is shown on FILM . G 5 4 MAY 11 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 14

CERTIFICATE OF DEATH

02706

Reg. Dist. No. 51

1. PLACE OF DEATH:
County Calvert,
City or town Hares, md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Calvert
City or town Hares,
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Florence Winston

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C.	S

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1932 1931

8. AGE: Years	Months	Days	If less than one day
13			hrs. min.

9. Birthplace md (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name John Winston
13. Birthplace md
MOTHER 14. Maiden name Sadie Wall.
15. Birthplace md
16. Informant Sadie Winston
Address Hares. md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-14-45 (mooth) (day) (year)
Cemetery or crematory Browns.
Location Calvert Co. md
18. Funeral director P.E. Sewell
Address Prince Frederick Md
19. 3-14 (Date rec'd by registrar) 19 45 J. N. Kuiz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11- 19 45 at 3 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h ative on 19

Immediate cause of death	DURATION
Tuberculous Meningitis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Bowie Md Date signed 3/14/45

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